## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/571880

| CLAIMS AS FILED - PART I                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           |                 |                                    |                     |                                         |   |                  |                        |      | 100                  | <u>U</u>               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|-----------------|------------------------------------|---------------------|-----------------------------------------|---|------------------|------------------------|------|----------------------|------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                           | (Column 1)      |                                    | (Column 2)          |                                         |   | SMALL EN<br>TYPE | TITY                   | OR   |                      | R THAN<br>ENTITY       |
| U.S. NATIONAL STAGE FEES                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           |                 |                                    |                     |                                         |   | RATE             | FEE                    | Ť    | RATE                 | FEE                    |
| BASIC FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                           | SMALL ENT       | . = \$ 150                         | LARGE ENT. = \$ 300 |                                         |   | BASIC FEE        | <del> </del>           | OR   |                      |                        |
| EXAMINATION FEE                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                           | Satisfies PCT A |                                    |                     | other situations =<br>\$ 100 / \$ 200   |   | EXAM. FEE        | <del> </del> -         | 1 0  | ļ                    | 300                    |
| SEARCH FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                           |                 |                                    | U.S. is<br>ALL      | ISA = \$50 / \$100<br>other countries = |   | SEARCH FEE       |                        | 1    | EXAM. FEE SEARCH FEE | 200                    |
| FEE FOR EXTRA SPEC. PGS.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           | minus 100 =     |                                    |                     | \$ 200 / \$ 400<br>/ 50 =               |   | X \$ 125 =       | <del> </del>           | -    |                      | 1700                   |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                           | 2 mi            | nus 20 =                           | *                   |                                         |   | X \$ 25 =        | <del> </del>           | OR   | X \$ 250 =           | ļ                      |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                           | / m             | inus 3 =                           | *                   |                                         |   | X \$ 100 =       | <b> </b> -             | 1    | X \$ 50 =            | <del> </del>           |
| MUI                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TIPLE DEPEN                                    | DENT CLAIM PR                             | ESENT           |                                    |                     |                                         |   |                  |                        | OR   | X \$ 200 =           | <u> </u>               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                           |                 | enter "0                           | "in or              |                                         | l | + \$ 180 =       |                        | OR   | + \$ 360 =           | 0.                     |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           |                 |                                    |                     |                                         |   | TOTAL            | L                      | OR   | TOTAL                | 700                    |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                           |                 |                                    |                     |                                         |   |                  |                        |      |                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (Column 1) (Column 2) (Column 2)               |                                           |                 |                                    |                     | (Column 3)                              |   | SMALL E          | NTITY                  | OR   | OTHER<br>SMALL I     |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGHI<br>NUME<br>PREVIO<br>PAID I  | BER<br>OUSLY        | PRESENT<br>EXTRA                        |   | RATE             | ADDI-<br>TIONAL<br>FEE |      | RATE                 | ADDI-<br>TIONAL        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                          | *                                         | Minus           | **                                 |                     | =                                       | r | X \$ 25 =        | 100                    | OR   | X \$ 50 =            | FEE                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                                    | *                                         | Minus           | ***                                |                     | -                                       | f | X \$ 100 =       |                        | OR   | X \$ 200 =           |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                 |                                    |                     |                                         | ŀ | + \$ 180 =       |                        | OR   | + \$ 360 =           |                        |
| TO                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                           |                 |                                    |                     |                                         |   |                  |                        | OR   | TOTAL ADDIT.         |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                           |                 |                                    |                     |                                         |   | FFF L            |                        | UK   | FFF                  |                        |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                | (Column 1)                                |                 | (Colum                             |                     | (Column 3)                              | - |                  |                        |      |                      |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                 | HIGHE<br>NUMB<br>PREVIOL<br>PAID F | ER<br>USLY          | PRESENT<br>EXTRA                        |   | RATE             | ADDI-<br>TIONAL<br>FEE |      | RATE                 | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                          | *                                         | Minus           | **                                 |                     | =                                       | Γ | ·X \$ 25 =       |                        | OR   | X \$ 50 =            |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                                    | *                                         | Minus           | ***                                |                     | =                                       |   | X \$ 100 =       |                        | OR   | X \$ 200 =           |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                 |                                    | LAIM                |                                         |   | + \$ 180 =       |                        | OR   | + \$ 360 =           |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                           |                 |                                    |                     |                                         | T | OTAL ADDIT:      |                        | OR T | OTAL ADDIT.          |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                           |                 |                                    |                     |                                         |   | <u></u>          |                        | •    | FFF L                |                        |
| <ul> <li>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".</li> <li>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |                                                |                                           |                 |                                    |                     |                                         |   |                  |                        |      |                      |                        |